



Syracuse® China Company  
A Unit of Libbey Inc.

RECEIVED

OCT 28 1998

NYSDEC - REGION 7  
DIV. OF ENVIRONMENTAL PERMITS

27 October, 1998

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

Mr. Robert A. Torba  
Deputy Permit Administrator  
NYSDEC Region 7 Headquarters  
615 Erie Boulevard West  
Syracuse, New York 13204-2400

**Re: Application ID 7-3115-00160/00001**

Dear Mr. Torba:

Pursuant to the Notice of Complete Application for the Syracuse China Company SPDES permit, application ID 7-3115-00160/00001, the following comments are offered:

- On 21 August 1996 the Division of Water, Region 7 of the New York State Department of Environmental Conservation was informed in writing, of the discovery of a municipal combined sewer in the Village of Lyncourt, Town of Salina, Onondaga County that provides an influent flow to the effluent outfall 001 of permit NY-01001371.
- On 26 June 1997 the Division of Water, of the New York State Department of Environmental Conservation was provided information regarding the proposed inclusion of a clarifier in the treatment process for outfall 01A of permit NY-01001371. This information was again provided 27 February 1998 for follow-up on completion of installation.

Sincerely,  
SYRACUSE CHINA COMPANY

Philip E. Harvard  
Environmental Manager



SYRACUSE<sup>TM</sup> CHINA COMPANY  
P.O. BOX 4820, SYRACUSE, N.Y. 13221-4820  
(315) 455-5671 • FAX (315) 455-6763

28 July, 1994

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

New York State Department of  
Environmental Conservation  
Division of Water  
50 Wolf Road  
Albany, New York 12233-3506

**Re: SPDES Permit NYR00B025**

Please find enclosed a Non-Stormwater Discharge Assessment and Failure to Certify Notification for outfall 001A covered under SPDES permit number NYR00B025.

Outfall 001A is a combined outfall with industrial water discharge under SPDES permit number NY0100137.

Also enclosed is a Non-Stormwater Discharge Assessment and Certification for stormwater outfall 002A and a Site Drainage Map.

Very truly yours,  
SYRACUSE CHINA MANUFACTURING COMPANY

Philip E. Harvard  
Environmental Manager

Enclosures

**NON-STORM WATER DISCHARGE  
ASSESSMENT AND CERTIFICATION**

Completed by: Philip E. Harvard  
 Title: Environmental Manager  
 Date: 7/27/94

Date of Test or Evaluation	Outfall Directly Observed During the Test (identify as indicated on the site map)	Method Used to Test or Evaluate Discharge	Describe Results from Test for the Presence of Non-Storm Water Discharge	Identify Potential Significant Sources	Name of Person Who Conducted the Test or Evaluation
6/23/94	002A	observation	no flow prior to storm event	bag material warehoused & garage	P.E. Harvard
7/25/94	002A	observation	no flow prior to storm event	bag material whse. & garage	P.E. Harvard

**CERTIFICATION**

I, William C. Fenn (responsible corporate official), certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

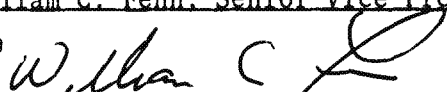
A. Name &amp; Official Title (type or print)

William C. Fenn, Senior Vice President of Manufacturing

B. Area Code and Telephone No.

(315) 455-5671

C. Signature



D. Date Signed

7/27/94

**NON-STORM WATER DISCHARGE ASSESSMENT AND  
FAILURE TO CERTIFY NOTIFICATION**

Completed by: P.E. Harvard  
Title: Environmental Manager  
Date: 7/27/94

Directions: If you cannot feasibly test or evaluate an outfall, fill in the table below with the appropriate information and sign this form to certify the accuracy of the included information.

List all outfalls not tested or evaluated, describe any potential sources of non-storm water pollution from listed outfalls, and state the reason(s) why certification is not possible. Use the key from your site map to identify each outfall.

**Important Notice:** A copy of this notification must be signed and submitted to the Director within 180 days of the effective date of this permit.

Identify Outfall Not Tested/Evaluated	Description of Why Certification Is Infeasible	Description of Potential Sources of Non-Storm Water Pollution
001A	Combined flow with industrial discharge permit NY0100137	NY0100137 outfall 001

**CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations, and that such notification has been made to the Director within 180 days of 2/13/94 (date permit was issued), the effective date of this permit.

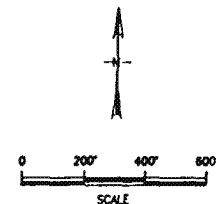
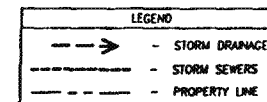
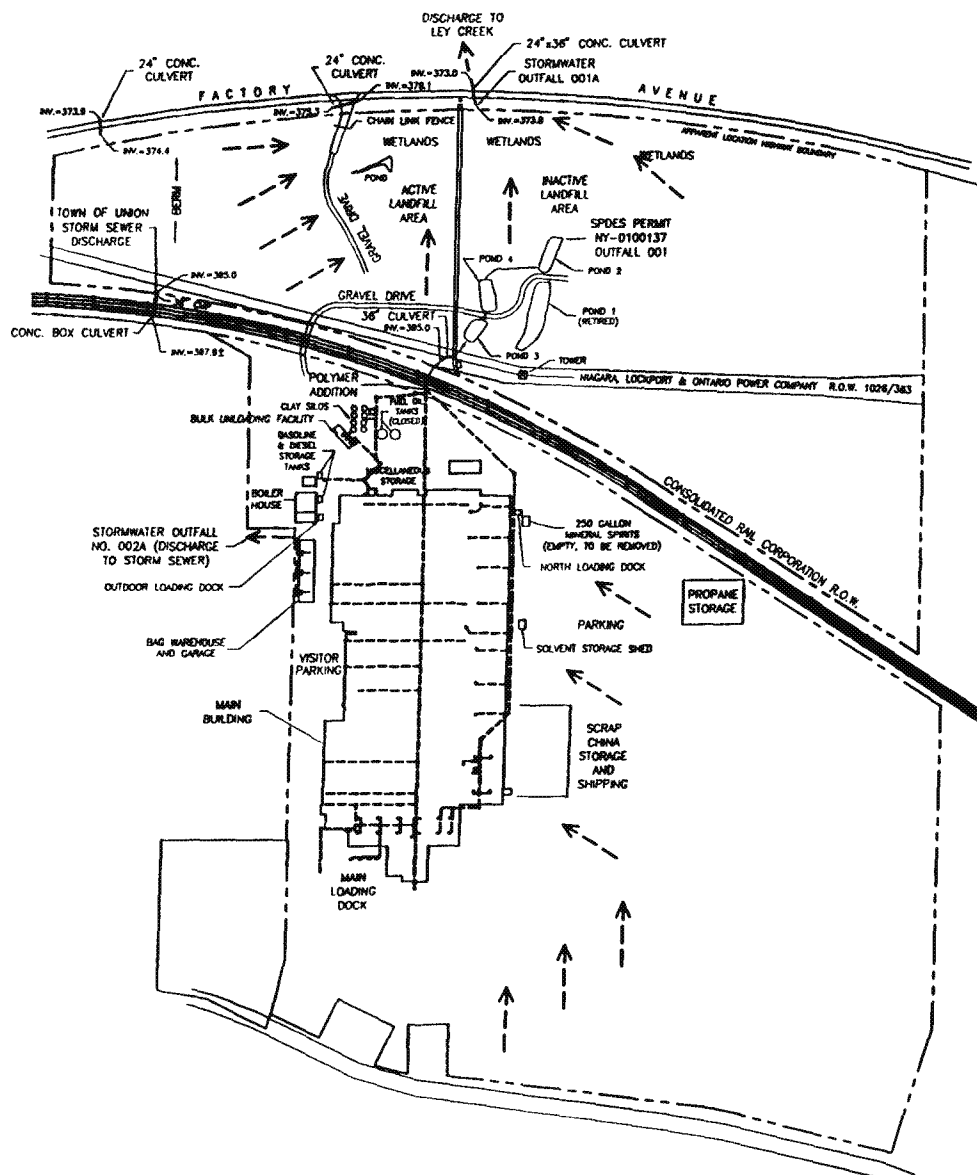
A. Name & Official Title (type or print)  
William C. Fenn, Senior Vice President of Manufacturing

B. Area Code and Telephone No.  
(315) 455-5671

C. Signature

*William C Fenn*

D. Date Signed  
7/27/94



<b>Stearns &amp; Wheeler</b> ENVIRONMENTAL ENGINEERS & SCIENTISTS DATE: 2/94      JOB No.: 2719	SYRACUSE CHINA SYRACUSE, NEW YORK
	STORMWATER POLLUTION PREVENTION PLAN
	<b>SITE DRAINAGE MAP</b>

SYRACUSE CHINA COMPANY  
P.O. BOX 4820, SYRACUSE, N.Y. 13221-4820  
(315) 455-5671 • FAX (315) 455-6763

30 August, 1994

**CRTIFIED MAIL - RETURN RECEIPT REQUESTED**

Mr. William McCarthy  
Division of Water, Region 7  
New York State Department of  
Environmental Conservation  
615 Erie Boulevard West  
Syracuse, New York 13204 - 2400

**Re: SPDES Permit No. NY-01001371**

Dear Mr. McCarthy:

Enclosed, for your convenience, is an additional copy of the information provided during your visit on 19 August, 1994:

1990 SPDES Renewal Application 3/1/90.  
Notice of Incomplete Application 5/90 (received 6/14/90).  
Letter to S. Eidt 8/2/90.  
Letter to L. Flocke 5/14/92.  
Letter to W. McCarthy 7/9/92.  
Application for Stormwater Permit 9/30/92.  
Letter to K. Stevens 1/3/94 re: General Permit N.O.I.  
Stormwater General Permit NYR00B025.  
Non-Stormwater Failure to Certify 7/28/94.

Please do not hesitate to call if additional information is needed.

Very truly yours,  
SYRACUSE CHINA MANUFACTURING COMPANY

  
Philip E. Harvard  
Environmental Manager

Enclosures



SYRACUSE® CHINA COMPANY  
P.O. BOX 4820, SYRACUSE, N.Y. 13221-4820  
(315) 455-5671 • FAX (315) 455-6763

19 August, 1994

**HAND DELIVER**

Mr. William McCarthy  
Division of Water, Region 7  
New York State Department of  
Environmental Conservation  
615 Erie Boulevard West  
Syracuse, New York 13204 - 2400

**Re: SPDES Permit No. NY-01001371**

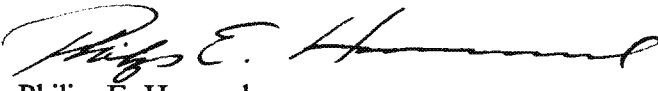
Dear Mr. McCarthy:

Pursuant to our telephone conversation Wednesday, enclosed are the following documents to help reconstruct your files:

1990 SPDES Renewal Application 3/1/90.  
Notice of Incomplete Application 5/90 (received 6/14/90).  
Letter to S. Eidt 8/2/90.  
Letter to L. Flocke 5/14/92.  
Letter to W. McCarthy 7/9/92.  
Application for Stormwater Permit 9/30/92.  
Letter to K. Stevens 1/3/94 re: General Permit N.O.I.  
Stormwater General Permit NYR00B025.  
Non-Stormwater Failure to Certify 7/28/94.

I hope the above and your tour of our facility today satisfy your current information needs. Please do not hesitate to call if additional information is needed.

Very truly yours,  
SYRACUSE CHINA MANUFACTURING COMPANY

  
Philip E. Harvard  
Environmental Manager

Enclosures

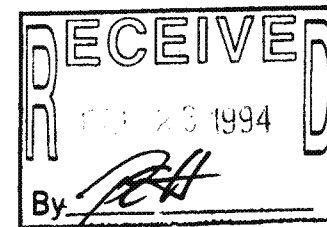
New York State Department of Environmental Conservation  
State Pollutant Elimination System (SPDES)  
STORMWATER GENERAL PERMIT COVERAGE NOTICE

February 13, 1994

Dear Operator:

Your Notice of Intent (NOI) for the facility noted below has been processed by the New York State Department of Environmental Conservation (DEC). This facility is authorized to discharge storm water associated with industrial or construction activity under the terms and conditions imposed by the DEC's SPDES storm water general permit issued for use in the State of New York. Your facility's SPDES permit number is NYR00B025.

DEC's storm water general permit requires certain storm water pollution prevention and control measures, possible monitoring and reporting, and annual inspections. Among the conditions and requirements of this permit, you must prepare and implement a pollution prevention plan (PPP) that is tailored to your industrial or construction site. Enclosed is a summary guidance document designed to assist you in the development and implementation of your PPP. The summary is organized according to the phase of the pollution prevention planning process. A set of worksheets and an example of a pollution prevention plan are provided for your assistance. As a facility authorized to discharge under the storm water general permit, all terms and conditions must be complied with to maintain coverage and avoid possible penalties.



FACILITY:

Syracuse China Manufacturing  
2900 Court St  
Syracuse , NY  
430515, 0760800

, , ,

OPERATOR:

Syracuse China Manufacturing  
Po Box 4820  
Syracuse, NY 13221-4820

If you have general questions concerning the storm water program, or need to obtain a copy of the permit, please contact DEC at (800) 952-2490.



SYRACUSE CHINA COMPANY  
P.O. BOX 4820, SYRACUSE, N.Y. 13221-4820  
(315) 455-5671 • FAX (315) 455-6763

3 January, 1994

Mr. Kenneth B. Stevens, P.E.  
Chief, Physical Systems Section, BWFD  
New York State Department of  
Environmental Conservation  
50 Wolf Road  
Albany, New York 12233 - 3505

Re: SYRACUSE CHINA MANUFACTURING COMPANY

Dear Mr. Stevens:

Per your request to Diane K. Clark of  
Stearns & Wheeler, in your letter dated 5 November, 1993  
regarding reconsideration of our application for individual  
permit for stormwater, please find enclosed a Notice of  
Intent (NOI) for Storm Water Discharges Associated with  
Industrial Activity Under the SPDES General Permit.

Very truly yours,  
SYRACUSE CHINA MANUFACTURING COMPANY

Philip E. Harvard  
Environmental Manager

See Reverse for Instructions

SPDES  
FORM



New York State Department of Environmental Conservation  
50 Wolf Road, Albany, New York 12233-3505

**Notice of Intent (NOI) for Storm Water Discharges Associated  
with Industrial Activity Under the SPDES General Permit**

Submission of this Notice of Intent constitutes notice that the party identified in Section I of this form intends to be authorized by a SPDES permit issued for storm water discharges associated with industrial activity in the State in Section II of this form. Becoming a permittee obligates such discharger to comply with the terms and conditions of the permit. ALL NECESSARY INFORMATION MUST BE PROVIDED ON THIS FORM.

**I. Facility Operator Information**

Name: SYRACUSE CHINA MANUFACTURING Phone: 3154555671  
Address: PO BOX 4820 Status of Owner/Operator: ☒ P  
City: SYRACUSE State: NY ZIP Code: 13221-4820

**II. Facility/Site Location Information**

Name: SYRACUSE CHINA MANUFACTURING Is the Facility Located on Indian Lands? (Y or N) ☒ N  
Address: 2900 COURT STREET  
City: SYRACUSE State: NY ZIP Code: 13208  
Latitude: 43.0515 Longitude: 076.0800 Quarter:      Section:      Township:      Range:     

**III. Site Activity Information**

MS4 Operator Name: SYRACUSE, CITY (LYNCOURT)  
Receiving Water Body: LEY CREEK  
If You are Filing as a Co-permittee, Enter Storm Water General Permit Number:      Are There Existing Quantitative Data? (Y or N) ☒ Y Is the Facility Required to Submit Monitoring Data? (1, 2, or 3) ☒ 1  
SIC or Designated Activity Code: Primary: 3262 2nd:      3rd:      4th:       
If This Facility is a Member of a Group Application, Enter Group Application Number:       
If You Have Other Existing NPDES Permits, Enter Permit Numbers: NY0100137          

**IV. Additional Information Required for Construction Activities Only**

Project Start Date:      Completion Date:      Estimated Area to be Disturbed (in Acres):      Is the Storm Water Pollution Prevention Plan in Compliance with State and/or Local Sediment and Erosion Plans? (Y or N) ☐

V. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: WILLIAM C. FENN

Date: 01/03/94

Signature: William C Fenn



**Notice of Intent (NOI)**

**For Storm Water Discharges Associated With Industrial Activity to Be Covered Under the SPDES General Permit**

**Who Must File A Notice Of Intent Form**

Federal law at 40 CFR Part 122 prohibits point source discharges of storm water associated with industrial activity to a water body(ies) of the U.S. without a National Pollutant Discharge Elimination System (NPDES) permit. New York State has been delegated the NPDES program and administers its State Pollutant Discharge Elimination System (SPDES) program in lieu of EPA's NPDES program. Wherever the term "NPDES" is used in the NOI form, the reader should substitute "SPDES". The operator of an industrial activity that has a storm water discharge that qualifies for coverage under a SPDES Storm Water General Permit must submit the NOI form to obtain coverage. If you have questions about whether federal regulations require you to obtain a permit for your storm water discharge, contact the EPA Storm Water Hotline at (703) 821-4823. If you have questions concerning the applicability and coverage of the SPDES Storm Water General Permits, contact the New York State of Environmental Conservation at (518) 457-9601. In order to cancel your coverage under the General Permit you must submit a Notice of Termination (NOT) form. Failure to submit a NOT will result in the obligation to pay a yearly Regulatory Fee.

**Where To File The NOI Form**

New York State intends on using EPA's information management system. Therefore, NOIs must be sent to the following address:  
Storm Water Notice of Intent  
PO Box 1215  
Newington, VA 22122

**Completing The Form**

You must type or print using upper-case letters, in the appropriate areas only. Please place each character between the marks. Abbreviate if necessary to stay within the number of characters allowed for each item. Use one space for breaks between words, but not for punctuation marks unless they are needed to clarify your response. If you have any questions on this form, call the EPA Storm Water Hotline at (703) 821-4823.

**Section I—Facility Operator Information**

Give the legal name of the person, firm, public organization, or any other entity that operates the facility or site described in this application. The name of the operator may or may not be the same as the name of the facility. The responsible party is the legal entity that controls the facility's operation, rather than the plant or site manager. Do not use a colloquial name. Enter the complete address and telephone number of the operator.

Enter the appropriate letter to indicate the legal status of the operator of the facility:

F—Federal                      M—Public (other than federal or state)  
S—State                        P—Private

**Section II—Facility/Site Location Information**

Give the facility's or site's official or legal name and complete street address, including city, state, and ZIP code. If the facility or site lacks a street address, indicate the state, the latitude and longitude of the facility to the nearest 15 seconds, or the quarter, section, township, and range (to the nearest quarter section) of the approximate center of the site.

Indicate whether the facility is located on Indian lands.

**Section III—Site Activity Information**

If the storm water discharges to a municipal separate storm sewer system (MS4), enter the name of the operator of the MS4 (e.g. municipality name, county name) and the receiving water of the discharge from the MS4. (A MS4 is defined as a conveyance or system of conveyances (including roads with drainage systems, municipal streets, catch basins, curbs, gutters, ditches, man-made channels, or storm drains) that is owned or operated by a state, city, town, borough, county, parish, district, association, or other public body which is designed or used for collecting or conveying storm water.)

If the facility discharges storm water directly to receiving water(s), enter the name of the receiving water.

If you are filing as a co-permittee and a storm water general permit number has been issued, enter that number in the space provided.

Indicate whether or not the owner or operator of the facility has existing quantitative data that represent the characteristics and concentration of pollutants in storm water discharges.

Indicate whether the facility is required to submit monthly data by entering one of the following:

- 1 Not required to submit monitoring data;
- 2 Required to submit monitoring data;
- 3 Not required to submit monitoring data; submitting certification for monitoring exclusion.

Those facilities that must submit monitoring data (e.g. choice 2) are: Section 313 EPCRA facilities; primary metal industries; land disposal units/incinerators/BIFs; wood treatment facilities; facilities with coal pile runoff; and, battery reclaimers.

List, in decreasing order of significance, up to four 4-digit standard industrial classification (SIC) codes that best describe the principal products or services provided at the facility or site identified in Section II of this application.

For industrial activities defined in 40 CFR 122.26(b)(14)(i)-(xi) that do not have SIC codes that accurately describe the principal products produced or services provided, the following 2-character codes are to be used:

- HZ Hazardous waste treatment, storage, or disposal facilities, including those that are operating under interim status or a permit under subtitle C of RCRA [40 CFR 122.26(b)(14)(iv)];
- LF Landfills, land application sites, and open dumps that receive or have received any industrial wastes, including those that are subject to regulation under subtitle D of RCRA [40 CFR 122.26(b)(14)(v)];
- SE Steam electric power generating facilities, including coal handling sites [40 CFR 122.26(b)(14)(vii)];
- TW Treatment works treating domestic sewage or any other sewage sludge or wastewater treatment device or system, used in the storage, treatment, recycling, and reclamation of municipal or domestic sewage [40 CFR 122.26(b)(14)(ix)];

CO Construction activities [40 CFR 122.26(b)(14)(x)].

If the facility listed in Section II has participated in Part 1 of an approved storm water group application and a group number has been assigned, enter the group application number in the space provided.

If there are other SPDES permits presently issued for the facility or site listed in Section II, list the permit numbers. If an application for the facility has been submitted but no permit number has been assigned, enter the application number.

**Section IV—Additional Information Required for Construction Activities Only**

Construction activities must complete Section IV in addition to Sections I through III. Only construction activities need to complete Section IV.

Enter the project start date and the estimated completion date for the entire development plan.

Provide an estimate of the total number of acres of the site on which soil will be disturbed (round to the nearest acre).

Indicate whether the storm water pollution prevention plan for the site is in compliance with approved state and/or local sediment and erosion plans, or storm water management plans.

**Section V—Certification**

Federal statutes provide for severe penalties for submitting false information on this application form. Federal regulations require this application to be signed as follows:

**For a corporation:** by a responsible corporate officer, which means: (i) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions, or (ii) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

**For a partnership or sole proprietorship:** by a general partner or the proprietor; or

**For a municipality, state, federal, or other public facility:** by either a principal executive officer or ranking elected official.

**Paperwork Reduction Notice**

Public reporting burden for this application is estimated to average 0.5 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of the collection of information, or suggestions for improving this form, including any suggestions which may decrease or reduce the burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, S.W., Washington, D.C. 20490, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20603.

New York State Department of Environmental Conservation  
50 Wolf Road, Albany, New York 12233 3506

November 5, 1993

DIANE K. CLARK  
STEARNS AND WHEELER  
ONE REMINGTON PARK DRIVE  
CAZENOVIA, NEW YORK 13035



Thomas C. Jorling  
Commissioner

Re: SYRACUSE CHINA CORP., 2900 COURT STREET, SYRACUSE

We have received a significant number of applications for individual, site-specific SPDES permits for storm water runoff that is classified as "storm water associated with industrial activity" and subject to the federal NPDES storm water regulations published in the Federal Register on November 16, 1990. Most of the submittals for an individual permit lacked both the required sampling data and application fee. Submittals of applications with checks intended to cover application fees have been previously returned. Moreover, we just simply cannot process all of the applications in a timely fashion.

New York State has regulated storm water discharges to waters of the State for many years. However, the basis has generally been rooted in a concern for maintenance of water quality standards and best usage. EPA's NPDES regulations for storm water discharges, on the other hand, has introduced literally thousands of additional storm water discharges based exclusively on Standard Industrial Classification ("SIC") codes which often have relatively little impact.

In order to manage the tens of thousands of storm water dischargers and afford them with permit coverage, the Department ("DEC") has issued two general permits for storm water. General permits offer a less-onerous alternative to site-specific permitting for both the discharger and DEC. We hope that the majority of storm water discharges which are subject solely to federal storm water rules will be eligible for and seek coverage under the general permit.

By submitting a complete application for an individual permit, including sampling data and appropriate application fee, a discharger has fulfilled their permit obligation. In this case, the onus is on the EPA and DEC, as the permit issuing authority, to conduct the necessary review, prepare a draft permit, proceed to public notice and either issue or deny a permit.

On the other hand, a qualified discharger may obtain authorization to discharge under the general permit by merely submitting a Notice of Intent ("NOI") and agreeing to abide by and comply with the terms and conditions of the general permit.

The fees associated with individual permit coverage are also significantly greater than coverage under the general permit. See the attached table which cites some of the comparisons.

The purpose of this letter is to encourage you to reconsider your application for an individual permit and seek coverage under the general permit if at all possible. I've included copies of the NOI and general permit for your information. You should review the permit conditions to confirm your eligibility and understand the conditions with which you must comply.

The attachment contains information which you should consider.

Sincerely,

Kenneth B. Stevens, P.E.  
Chief, Physical Systems Section, BWFD

## Attachment

There are several differences between coverage under a general permit versus coverage under a site-specific, individual permit as summarized in the table below.

Item	Submittal of Notice of Intent ("NOI")	Submittal of an Application for an Individual Permit
Is sampling data required?	No	Yes <sup>1</sup>
Is the submittal subject to Public Notice?	No	Yes
What's the Application Fee?	None	\$10 to \$300, depending on flow
What's the Annual Fee?	\$50	\$375 to \$40,000, depending on flow
Are there Effluent Limits?	None, except for coal pile runoff	Probably
Is there Alternative Certification in lieu of self-monitoring?	Yes	No
What's the time from submittal to permit coverage	48 Hours	61 Months
Does a Pollution Prevention Plan need to be developed? <i>SP3</i>	Yes <i>due 2/1/94</i>	Probably
Is coverage convertible to the other form of coverage?	Yes	No

NOIs should be submitted to the EPA contractor in Newington, Virginia. They are acting in our behalf for the purpose of encoding the NOI information and will periodically be supplying DEC with list of registrants. Copies of the NOI should not be submitted to DEC.

The focus of the general permit is on the development and implementation of pollution prevention plans. Pollution prevention plans do not require the review or approval of DEC unless specifically requested. Copies should not be sent to DEC unless specifically requested. Pollution prevention plan development and implementation will likely be a major component of any individual permit issued for storm water. Additionally, individual permits normally contain effluent limits and monitoring requirements which will preclude a discharger from "backsliding" into coverage under the general permit.

If you have an existing permit, for example, for process or sanitary wastewater, our intention is to eventually amalgamate general permit coverage into your existing permit. However, until that occurs, you may obtain compliance with the federal regulations by seeking coverage under the general permit during the interim.

If you decide to pursue individual permit coverage, then you'll need to submit a complete application, including sampling data and the appropriate application fee. You may obtain copies of the federal forms 1 and 2F and a bulletin describing filing procedures and fee schedules, by calling 518-457-9601 and leaving your request, name and address on the voice mail recording.

<sup>1</sup> See the federal form 2F.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

Mr. Kenneth B. Stevens, P.E.  
Chief, Physical Systems,  
Section BWFD  
New York State DEC  
50 Wolf Road  
Albany, NY 12233-3505

**4a. Article Number**

P 076 107 585

**4b. Service Type**

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

**7. Date of Delivery**

JAN - 5 1994

**5. Signature (Addressee)**

**6. Signature (Agent)**

E. Chagnon

**8. Addressee's Address (Only if requested and fee is paid)**

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 076 107 585



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sent to	
Kenneth B. Stevens	
Street and No.	
Chief Physical Systems	
P.O. State and ZIP Code	
NYS DEC	
Postage	
50 Wolf Rd.	
Certified Fee	
Albany, NY	
Special Delivery Fee	
12233	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1991

FOIL064556

ED\_006185\_00000988-00014



September 30, 1992

Mr. Robert Torba  
Deputy Regional Permit Administrator  
NYSDEC Region 7  
615 Erie Boulevard West  
Syracuse, NY 13204

Re: Syracuse China Corporation  
Storm Water Permit Application  
S&W File 2244.5

Dear Mr. Torba:

Enclosed are four copies of the following, constituting an application for a Storm Water Discharge Permit for Syracuse China Corporation:

- EPA Form 1
- EPA Form 2C
- EPA Form 2F
- USGS map with site indicated
- Map of site showing outfalls and drainage structures
- A Stormwater Flow Schematic

Syracuse China currently has a SPDES permit for discharge of process related flows (NY-0100137). These process flows are combined with storm water at their SPDES outfall 001. However, additional storm water is picked up as the effluent flows over their landfill. For this application we sampled downstream of the landfill where the combined flows enter the storm sewer prior to discharge to Ley Creek.

According to the Federal Register Volume 55, No. 22 (11/16/90, p. 48062) "the Director may waive composite sampling for any outfall for which the applicant demonstrates that the use of an automatic sampler is infeasible and that the minimum of four (4) grab samples will be a representative sample of the effluent being discharged". The outfall numbered 001A is unattended and consists of a rocky, sloped channel of variable depth and width. Because of its location and geometry, use of an automatic sampling device was not feasible. Therefore, we substituted an additional five grab samples after the first 30 minute grab sample. The average of these grab samples is reported on Form 2F.

Flow rates were calculated based on the average rainfall during sampling (two rainfall monitoring locations) and multiplying by the area drained through each outfall. This method is in accordance with the EPA's Guidance Manual for the Preparation of NPDES Permit Applications for Storm Water Discharges Associated with Industrial Activity (EPA/505/8-91-002, 4/91).

One Remington Park Drive  
Cazenovia, New York 13005  
(315) 655-8161 Fax (315) 655-4111

Mr. Robert Torba  
NYSDEC Region 7

September 30, 1992  
Page 2

Outfall 002 (Storm Water) did not exhibit any flow during the first three hours of the storm of August 8, 1992, when Outfall 001A was sampled. Syracuse China personnel have indicated that it does have a flow during very high intensity storms. No process flows are associated with this outfall. However, the quality of storm water discharging from this facility can be expected to be identical to that discharging through Outfall 001/001A. Because of the similarity in the areas which generate the run-off to the two outfalls, we feel that sampling the one outfall is sufficient for this application.

Should you have any questions on the application, please contact the undersigned.

Very truly yours,



Diane K. Clark, D. Eng.  
Project Engineer

DKC/dlo  
.02

cc: Mr. Philip E. Harvard, Syracuse China

Enclosure

FORM <b>1</b> GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER <b>FN YD 055865125</b>	
<b>LABEL ITEMS</b> I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		<b>PLEASE PLACE LABEL IN THIS SPACE</b>		<b>GENERAL INSTRUCTIONS</b> If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
<b>II. POLLUTANT CHARACTERISTICS</b> INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK "X" YES NO FORM ATTACHED		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)				F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
<b>III. NAME OF FACILITY</b> 1 SKIP <b>SYRACUSE CHINA CORP.</b>					
<b>IV. FACILITY CONTACT</b> A. NAME & TITLE (last, first, & title) 2 <b>FENN, WILLIAM C., VP MANUF.</b> B. PHONE (area code & no.) <b>315 455 5671</b>					
<b>V. FACILITY MAILING ADDRESS</b> A. STREET OR P.O. BOX 3 <b>P.O. BOX 4820</b> B. CITY OR TOWN 4 <b>SYRACUSE</b> C. STATE <b>NY</b> D. ZIP CODE <b>13221</b>					
<b>VI. FACILITY LOCATION</b> A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 5 <b>2900 COURT STREET</b> B. COUNTY NAME <b>ONONDAGA</b> C. CITY OR TOWN 6 <b>SYRACUSE</b> D. STATE <b>NY</b> E. ZIP CODE <b>13221</b> F. COUNTY CODE (if known)					

CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND										
7	3	2	6	2	(specify)	7				(specify)										
C. THIRD										D. FOURTH										
7					(specify)	7				(specify)										

## VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?									
8 SYRACUSE CHINA CORP.																														<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																				D. PHONE (area code & no.)																			
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify) PRIVATE										A 315 455 5671									

E. STREET OR P.O. BOX																																							
P.O. Box 4820																																							
F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND									
B SYRACUSE																				NY					13221					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
9 N NY-010 0137															9 P														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
9 U															(specify)														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
9 R															(specify)														

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

THE Company operates a manufacturing facility for production of china, primarily for sale to restaurants.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
W.C. Fenn, V.P. Manuf.															WCF															7/28/92									

## COMMENTS FOR OFFICIAL USE ONLY

C																													
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FORM  
2C  
NPDES

U.S. ENVIRONMENTAL PROTECTION AGENCY  
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER  
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS  
Consolidated Permits Program

## I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	43	05	38	76	07	49	Ley Creek
001 A	43	05	33	76	07	49	Ley Creek
002 A	43	5	15	76	8	0	Lyn Court Storm Sewer

## II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT	
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1
001	MANUFACTURING	340,000	POLYMER ADDITION	1G
	OPERATIONS, MISC. (PROCESS WATERS)	gal/day	AND SEDIMENTATION	1U
001 A	PROCESS WATER	420 gpm	POLYMER ADDITION	1G
	+ STORM WATER		AND SEDIMENTATION	1U
002 A	STORM WATER	0.3 gpm	NONE	
002	SANITARY	42,000	TO MUNICIPAL	
		gal/day	SEWAGE SYSTEM	

OFFICIAL USE ONLY (effluent guidelines sub-categories)

FOI064561

### III. PRODUCTION

☐ YES (complete Item III-B)

☒ NO (to to Section IV)

☐ YES (complete Item III-C)

☐ **NO** (go to Section IV)

### 1. AVERAGE DAILY PRODUCTION

#### IV. IMPROVEMENTS

☐ YES (complete the following table)

☐ NO (go to Item IV-B)

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs *(or other environmental projects which may affect your discharges)* you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. ☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

NYD 055865125

Form Approved.  
OMB No. 2040-0085  
Approval expires 7-31-88

CONTINUED FROM PAGE 2

## V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding — Complete one set of tables for each outfall — Annotate the outfall number in the space provided.  
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE

## VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (list all such pollutants below)

☒ NO (go to Item VI-B)

## VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES (identify the test(s) and describe their purposes below)

☒ NO (go to Section VIII)

## VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☐ NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
STEARNS & WHEELER LABORATORY, INC	7280 CASWELL ST NORTH SYRACUSE, NY 13212	(315) 458-8033	BOD, COD, TSS, TDS, Total Pb, Oil & Grease, Phosphorus

## IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)	B. PHONE NO. (area code & no.)
WILLIAM C. FENN, V.P. MANUF.	(315) 455-5671
C. SIGNATURE	D. DATE SIGNED
<i>William C Fenn</i>	5/12/85 4FOIL064564

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)

NYD 055 865125

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

OUTFALL NO.

001A

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANALYSES	e. CONCENTRATION	f. MASS	g. LONG TERM AVERAGE VALUE		h. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)					<3		6	mg/L				
b. Chemical Oxygen Demand (COD)					17.8		6	mg/L				
c. Total Organic Carbon (TOC)												
d. Total Suspended Solids (TSS)					<4		6	mg/L				
e. Ammonia (as N)												
f. Flow	VALUE		VALUE		VALUE					VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (summer)	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 7.57	MAXIMUM 7.57	MINIMUM	MAXIMUM	X		/	STANDARD UNITS		X		

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANALYSES	e. CONCENTRATION	f. MASS	g. LONG TERM AVERAGE VALUE		h. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)		X												
b. Chlorine Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)		X												

FOI 064565

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	8. MAXIMUM DAILY VALUE		9. MAXIMUM 30 DAY VALUE (if available)		10. LONG TERM AVG. VALUE (if available)		d. NO. OF ANALYSES	8. CONCENTRATION	b. MASS	11. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)														
h. Oil and Grease	X		11.6						1	mg/L				
i. Phosphorus (as P), Total (7723-14-0)	X		0.22				0.22		6	mg/L				
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)		X												
l. Sulfide (as S)		X												
m. Sulfite (as SO <sub>3</sub> ) (14285-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

FOIL064566

NYD 055 865125

001 A

CONTINUED FROM PAGE 3 OF FORM 2-C

**PART C** - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. NO. OF ANALYSES	4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVG. VALUE (if available)			b. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>																
1M. Antimony Total (7440-36-0)			X													
2M. Arsenic, Total (7440-38-2)			X													
3M. Beryllium, Total (7440-41-7)			X													
4M. Cadmium, Total (7440-43-9)			X													
5M. Chromium, Total (7440-47-3)			X													
6M. Copper, Total (7440-50-8)			X													
7M. Lead, Total (7439-92-1)		X		200*				8.8		6	µg/L					
8M. Mercury, Total (7439-97-6)			X													
9M. Nickel, Total (7440-02-0)			X													
10M. Selenium, Total (7782-49-2)			X													
11M. Silver, Total (7440-22-4)			X													
12M. Thallium, Total (7440-28-0)			X													
13M. Zinc, Total (7440-66-6)			X													
14M. Cyanide, Total (57-12-5)			X													
15M. Phenols, Total			X													
<b>DIOXIN</b>																
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS												

FOI064567

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	A. TEST ING RE- QUIR- ED	B. RE- LIEVED PRE- SENT	C. RE- LIEVED AD- SENT	B. MAXIMUM DAILY VALUE		D. MAXIMUM 30 DAY VALUE (if available)		C. LONG TERM AVRG. VALUE (if available)		D. NO. OF ANAL- YSES	B. CONCEN- TRATION	D. MASS	A. LONG TERM AVERAGE VALUE		D. NO. OF ANAL- YSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (Chloro- methyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodi- bromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro- bromomethane (75-27-4)			X												
13V. Dichloro- difluoromethane (75-71-8)			X												
14V. 1,1-Dichloro- ethane (75-34-3)			X												
15V. 1,2-Dichloro- ethane (107-06-2)			X												
16V. 1,1-Dichloro- ethylene (75-35-4)			X												
17V. 1,2-Dichloro- propane (78-87-5)			X												
18V. 1,3-Dichloro- propylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

FOIL064568

FOIL064568

CONTINUED FROM

F V-4

EPA I.D. NUMBER (copy from Item 1 of Form 1) / OUTFALL NUMBER

NYD 055 865 12

001 A

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. DEVIATION PRESENT	c. DEVIATION ASSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	b. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
<b>GC/MS FRACTION - VOLATILE COMPOUNDS (continued)</b>															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V. Trichloroethylene (79-01-6)			X												
30V. Trichlorofluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
<b>GC/MS FRACTION - ACID COMPOUNDS</b>															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichlorophenol (120-83-2)			X												
3A. 2,4-Dimethylphenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachlorophenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichlorophenol (88-06-2)			X												

FOIL064569

CONTINUED FROM FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	A. TESTING REQUIRED	B. RECEIVED PRESENT	C. RECEIVED ABSENT	8. MAXIMUM DAILY VALUE		D. MAXIMUM 30 DAY VALUE (if available)		E. LONG TERM AVRG. VALUE (if available)		F. NO. OF ANALYSES	8. CONCENTRATION	b. MASS	8. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphthylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (a) Anthracene (56-55-3)			X												
6B. Benzo (a) Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo (ghi) Perylene (191-24-2)			X												
9B. Benzo (k) Fluoranthene (207-08-9)			X												
10B. Bis (2-Chloroethoxy) Methane (111-91-1)			X												
11B. Bis (2-Chloroethyl) Ether (111-44-4)			X												
12B. Bis (2-Chloroisopropyl) Ether (102-60-1)			X												
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloronaphthalene (91-58-7)			X												
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (a,h) Anthracene (53-70-3)			X												
20B. 1,2-Dichlorobenzene (95-50-1)			X												
21B. 1,3-Dichlorobenzene (541-73-1)			X												

FOIL064570

FOIL064570

NYD055865125

CONTINUED FROM AGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	A. TESTING REQUIRED	B. DETECTION LIMIT	C. DETECTION LIMIT	B. MAXIMUM DAILY VALUE		D. MAXIMUM 30 DAY VALUE (if available)		C. LONG TERM AVG. VALUE (if available)		D. NO. OF ANALYSES	B. CONCENTRATION	D. MASS	E. LONG TERM AVERAGE VALUE		D. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-46-7)			X												
23B. 3,3'-Dichlorobenzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131-11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitrotoluene (121-14-2)			X												
28B. 2,6-Dinitrotoluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachlorobenzene (118-74-1)			X												
34B. Hexachlorobutadiene (87-68-3)			X												
35B. Hexachlorocyclopentadiene (77-47-4)			X												
36B. Hexachloroethane (67-72-1)			X												
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitrosodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

FOIL064571

FOIL064571

CONTINUED FROM THE FRONT

CONTINUED FROM THE FRONT															
1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	TESTING RE- QUIR- ED	D. BE- LIEVED PRE- SENT	C. BE- LIEVED AB- SENT	B. MAXIMUM DAILY VALUE		D. MAXIMUM 30 DAY VALUE (if available)		C. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANAL- YSES	a. CONCENTRATION	b. MASS	B. LONG TERM AVERAGE VALUE		b. NO. OF ANAL- YSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)															
43B. N-Nitro- sodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4 - Tri- chlorobenzene (120-82-1)			X												
GC/MS FRACTION - PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. $\alpha$ -BHC (319-84-6)			X												
3P. $\beta$ -BHC (319-85-7)			X												
4P. $\gamma$ -BHC (58-89-9)			X												
5P. $\delta$ -BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. $\alpha$ -Endosulfan (115-29-7)			X												
12P. $\beta$ -Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

FOIL064572

CONTINUED FROM PAGE V-8

EPA I.D. NUMBER (copy from Item 1 of F)

NYD 055 86512

OUTFALL NUMBER

001 A

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	A. TEST-ING RE-QUIR-ED	B. SE-LIEVED PRE-SENT	C. SE-LIEVED AB-SENT	B. MAXIMUM DAILY VALUE		D. MAXIMUM 30 DAY VALUE (if available)		C. LONG TERM AVG. VALUE (if available)		D. NO. OF ANAL-YSES	A. CONCENTRATION	B. MASS	B. LONG TERM AVERAGE VALUE		D. NO. OF ANAL-YSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION — PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-18-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

PAGE V-9

FOIL064573

ED\_006185\_00000988-00031

# Application for Permit To Discharge Stormwater Discharges Associated with Industrial Activity

IV. Narrative Description of Pollutant Sources					
A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.					
Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001-A	3,740,000	4,540,000 sq ft			
002A	6700 sq ft	6700 sq ft			
B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed, in the last three years, to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.					
CLAY STORAGE AREA IS EXPOSED TO STORMWATER. SYRACUSE CHINA ALSO OPERATES A LANDFILL ADJACENT TO THE SITE WHICH HAS SOME LEAD CONTAMINATION. THE STORM WATER FROM THE SITE PASSES THROUGH A SERIES OF SEDIMENTATION PONDS BEFORE EXITING THE LANDFILL. PRIOR TO FLOW THROUGH LANDFILL AREA PROCESS FLOWS AND STORM FLOWS HAVE POLYMER ADDITION.					
C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.					
Outfall Number	Treatment				List Codes from Table 2F-1
001 -001A	ADDITION OF COAGULANT FOLLOWED BY SEDIMENTATION				1G 1H
V. Nonstormwater Discharges					
A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharges from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.					
Name and Official Title (type or print)		Signature		Date Signed	
WILLIAM C. FENN, VP. MANUF.					
B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.					
OUTFALLS WERE OBSERVED ON DRY DAY, 7/10/92. STORM WATER OUTFALL 001A HAD FLOW DUE TO EXISTING SPDES PERMITTED OUTFALL 001 (NY-010 0137). OUTFALL 002A DID NOT HAVE NON-STORM WATER FLOWS. OBSERVATION POINTS WERE AS SHOWN ON SITE MAP.					
VI. Significant Leaks or Spills					
Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.					
None					

Continued from Page 2

**VII. Discharge Information**

A, B, C, &amp; D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.

Tables VII-A, VII-B, and VII-C are included on separate sheets numbered VII-1 and VII-2.

E: Potential discharges not covered by analysis - Is any pollutant listed in Table 2F-2 a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (list all such pollutants below)☒ No (go to Section IX)**VIII. Biological Toxicity Testing Data**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such pollutants below)☒ No (go to Section IX)**IX. Contract Analysis Information**

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)☐ No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
STEARNS & WHEELER LABORATORY, INC.	7280 CASWELL ST. N. SYRACUSE, NY 13212	(315) 458-8033	pH, Oil & Grease, Lead, TKN, TSS, TDS, BOD, COD, NO <sub>3</sub> /NO <sub>2</sub>

**X. Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (type or print)	B. Area Code and Phone No.
WILLIAM C. FENN, V.P. MANUF.	(315) 455-5671
C. Signature	D. Date Signed
<i>William C Fenn</i>	5/28/92

## VII. Discharge Information (Continued from page 3 of Form 2F)

**Part A -** You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite *	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite		
Oil and Grease	11.6 ppm				1	STORM RUN OFF PROCESS FLOWS
Biological Oxygen Demand (BOD5)	< 3 ppm	< 3 ppm			1	STORM RUN OFF
Chemical Oxygen Demand (COD)	11.2 ppm	19 ppm			1	STORM RUN OFF
Total Suspended Solids (TSS)	< 4 ppm	< 4 ppm			1	STORM RUN OFF
Total Kjeldahl Nitrogen	< 1 ppm	< 1 ppm			1	STORM RUN OFF
Nitrate plus Nitrite Nitrogen	< 0.2 ppm	< 0.2 ppm			1	STORM RUN OFF
Total Phosphorus	0.23 ppm	0.22 ppm			1	STORM RUN OFF
pH	7.57 Minimum	7.57 Maximum	Minimum	Maximum		

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

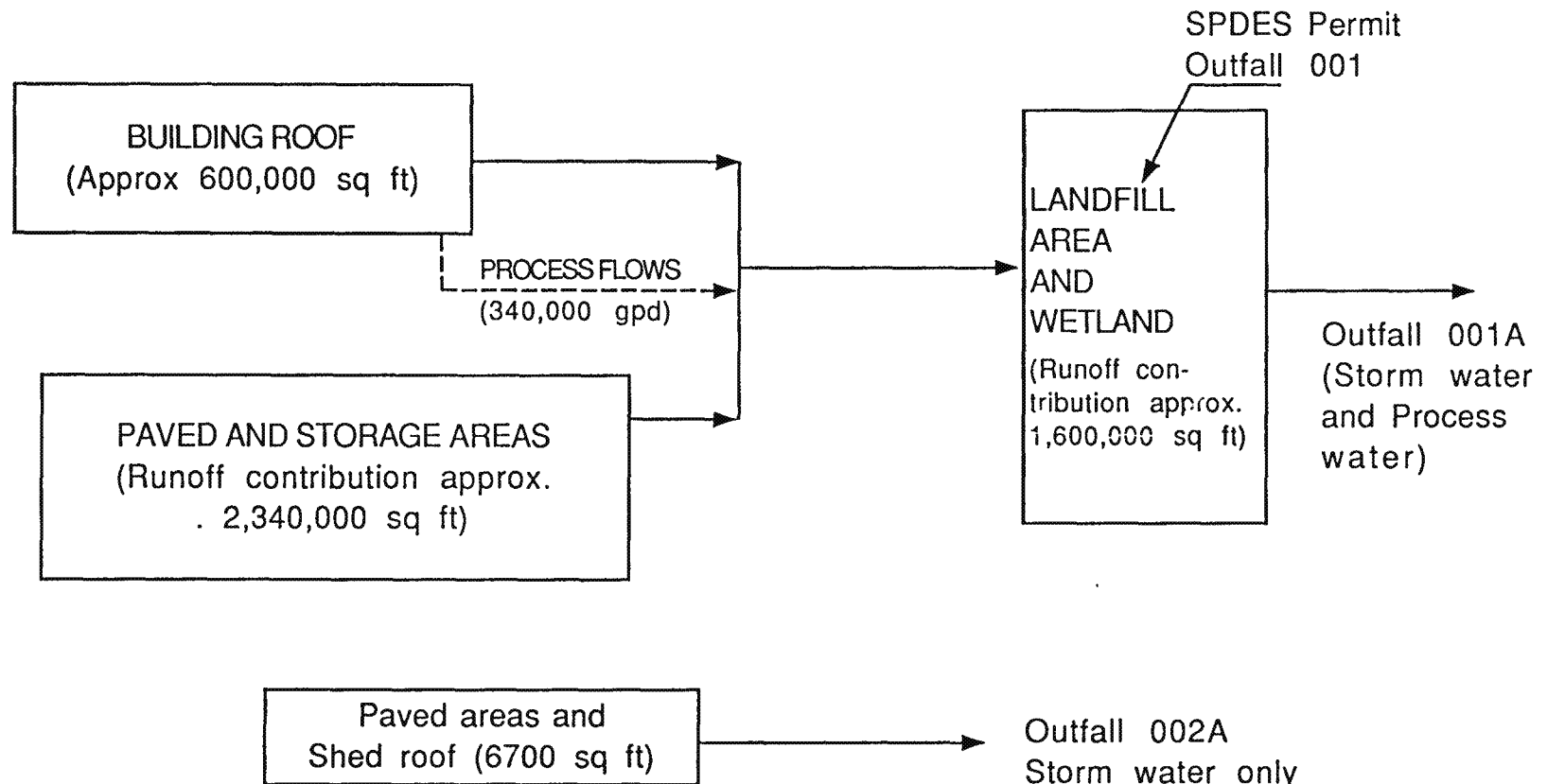
[illegible]

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

9. Provide a description of the method of flow measurement or estimate.

ED 006185 00000988-00036

## STORM WATER FLOW SCHEMATIC



**AVERAGE ANNUAL RAIN = 37"/year:**  
 Stormwater flow to 001A = 185 gpm  
 Stormwater flow to 002A = 0.3 gpm

**FLOWS DURING STORM WATER SAMPLING**  
 Ave. = 0.05 inches/30 minutes  
 Max. = 0.15 inches/30 minutes

<b>Syracuse China Corp.</b>
<b>Storm Water Permit Application</b>
<b>Stearns &amp; Wheeler</b>
ENVIRONMENTAL ENGINEERS AND SCIENTISTS



FOI064580

ED\_006185\_0000988-00038

<p>● <b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. (Extra charge)      2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	
<p>3. Article Addressed to:</p> <p>Mr. Leland Flocke New York State Dept. of Environmental Conservation/Division of Water 615 Erie Boulevard West Syracuse, NY 13204-2400</p>	<p>4. Article Number</p> <p>P 301 906 875</p>
<p>Type of Service:</p> <p><input type="checkbox"/> Registered      <input type="checkbox"/> Insured  <input checked="" type="checkbox"/> Certified      <input type="checkbox"/> COD  <input type="checkbox"/> Express Mail      <input checked="" type="checkbox"/> Return Receipt for Merchandise</p>	
<p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>	
<p>5. Signature — Addressee</p> <p><input checked="" type="checkbox"/> <i>[Signature]</i></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent</p> <p><input checked="" type="checkbox"/> <i>[Signature]</i></p>	
<p>7. Date of Delivery</p> <p>5/18</p>	
<p>PS Form 3811, Apr. 1989      ★ U.S.G.P.O. 1989-238-815      DOMESTIC RETURN RECEIPT</p>	